

Iowa Department of Human Services

Offer #401-HHS-011: Mental Health Institutes

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This offer is for:		This offer includes the following appropriations:
X	Status quo existing activity	Cherokee MHI, Clarinda MHI, Independence MHI, Mount Pleasant MHI, General Administration

Result(s) Addressed:

- Provide access to quality acute in-patient psychiatric treatment services to children, adolescents and adults
- Provide access to quality dual diagnosis residential substance abuse treatment services
- Provide access to quality acute in-patient psychiatric treatment services to geriatric adults
- Provide access to quality sub-acute in-patient psychiatric treatment services to children (PMIC)

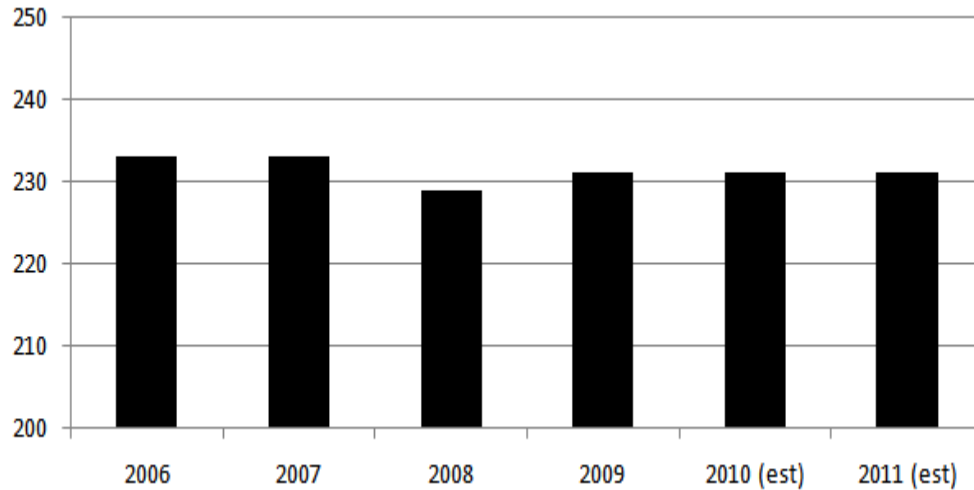
Program Description:

Who:

The four Mental Health Institutes (MHIs), located in Cherokee, Independence, Clarinda, and Mount Pleasant, provide critical access to quality acute psychiatric care for Iowa's adults and children needing mental health treatment, and specialized mental health related services. The specialized services include substance abuse treatment, dual diagnosis treatment for persons with mental illness and substance addiction, psychiatric medical institution for children (PMIC), and long-term psychiatric care for the elderly (geropsychiatric). The MHIs serve both voluntarily and involuntarily admitted persons.

In SFY 2009, the MHIs provided the following services to the following number of individuals:

Adults	847
Children and Adolescents	425
PMIC	145
Dual Diagnosis	174
Geropsychiatric	47
Substance Abuse	563
<i>Total</i>	2,201

Average Daily Census**What:****Adult Psychiatric Services**

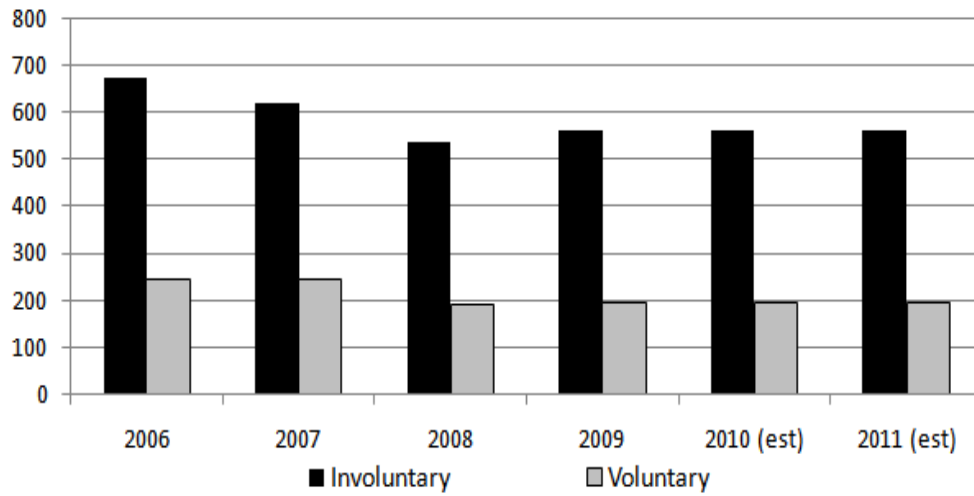
The inpatient programs are designed to stabilize and treat the most severely mentally ill patients in Iowa, the majority of whom have been committed to the MHIs through the court system. In SFY 2009, 74.2% of adult patients were involuntarily admitted. The MHIs have had to periodically maintain waiting lists.

Based on August 2009 data, the MHIs constitute approximately 24.4% of the 847 in-patient psychiatric beds in the state.

Number of Beds in SFY 2010

Program	Cherokee	Clarinda	Independence	Mount Pleasant	Total
Adult Psychiatric	46	20	40	14	120
Adolescent Psych.	6		10		16
Child Psychiatric	6		15		21
Geropsychiatric		35			35
Substance Abuse				50	50
Dual Diagnosis				15	15
PMIC			30		30
Total	58	55	95	79	287

**Adult Psychiatric Admissions
SFY 2006 – SFY 2011(estimated)**



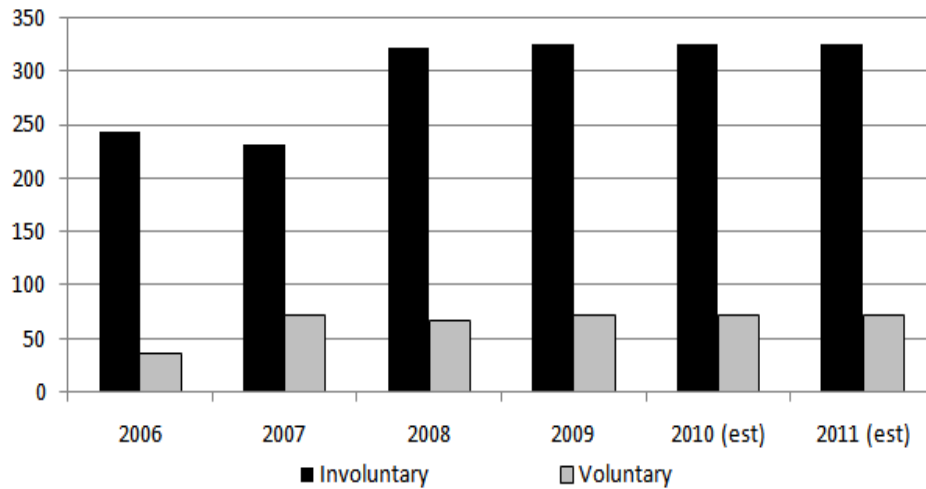
In SFY 2009, adult psychiatric and dual diagnosis patients were discharged to the following settings:

Live with relative / family / friend	347	38.0 %
Live alone	188	20.6 %
Residential Care Facility	88	9.6 %
Halfway house / group care	81	8.9 %
Other (Jail, Out of State, etc.)	74	8.1 %
County care facility	64	7.0 %
Nursing home	31	3.4 %
Supervised apartment, etc.	25	2.7 %
Other State institution	16	1.7 %
	914	100%

Inpatient Psychiatric Services for Children and Adolescents

The MHIs currently have capacity to provide child and adolescent psychiatric services through 37 inpatient beds. Approximately 81.9% of children and adolescent patients were involuntarily admitted in SFY 2009.

**Child & Adolescent Psychiatric Admissions
SFY 2006 – SFY 2011(estimated) ***



* *Note:*

The increase in child and adolescent admissions from SFY 2007 to SFY 2008 is a result of a change in the way the Department counts admissions. Specifically, the Independence MHI's child and adolescent programs often transfer patients no longer needing acute psychiatric treatment to their PMIC unit. Beginning in SFY 2008, the Department now calculates these transfers out of the program as discharges to the child or adolescent program. There is a corresponding increase in the number of admissions as the Department now calculates these transfers out of the PMIC program as a discharge.

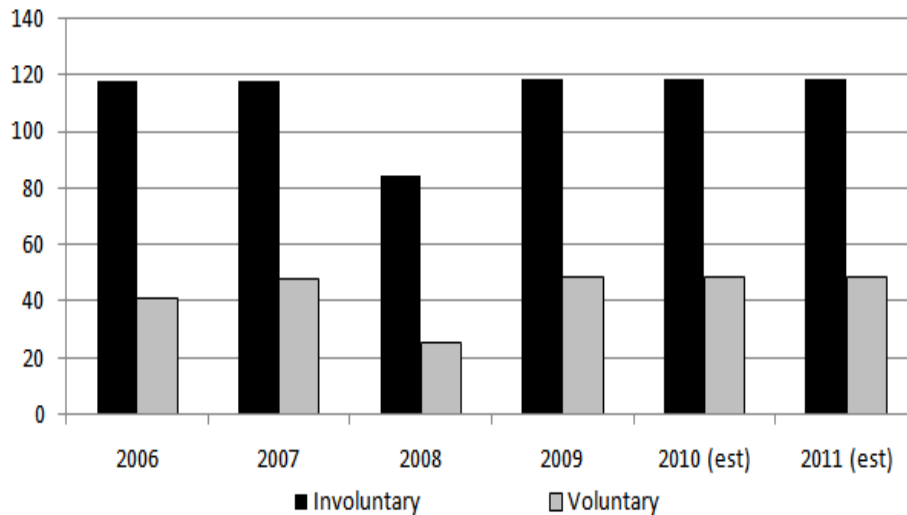
In SFY 2009, children and adolescents were discharged to the following settings:

Live with relative / family	181	44.7 %
Independence PMIC program	119	29.5 %
Group care	51	12.6 %
Other (Child Care Facility, etc.)	37	9.2 %
Foster home	16	4.0 %
Total	404	100 %

Dual Diagnosis Services

The 15-bed Dual Diagnosis Unit is a unique program structured to integrate both psychiatric and substance abuse treatment services. This program is located only at the Mount Pleasant MHI. Approximately 71.1% of the patients were involuntarily admitted in SFY 2009.

**Dual Diagnosis Admissions
SFY 2006 – SFY 2011(estimated)**

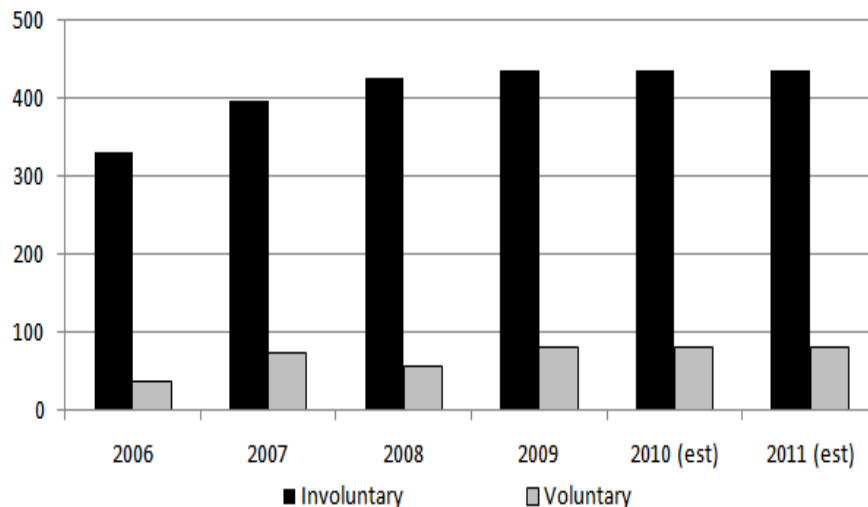


In SFY 2008, the decrease in the Dual Diagnosis admissions occurred during a six-month period when the number of operational beds was temporarily reduced from fifteen to eight. This reduction was necessitated by a required infrastructure update to ensure ongoing regulatory compliance.

Substance Abuse Services

The 30-day substance abuse treatment program, located only at the Mount Pleasant Mental Health Institute, is a primary resource for court-ordered treatment and for offenders in the Community Based Correctional system. During SFY 2006, 20 additional substance abuse beds were added at Mount Pleasant, bringing the total number of substance abuse beds to 50. Approximately 84.3% of the patients were involuntarily admitted in SFY 2009.

**Substance Abuse Admissions
SFY 2006 – SFY 2011(estimated)**



In SFY 2009, substance abuse admissions were discharged to the following settings:

Jail	327	63.6 %
Live alone	101	19.7 %
Halfway house / group care	48	9.4 %
Live with relative / family / friend	34	6.7 %
Other (Supervised Apartment, etc.)	3	0.6 %
Total	513	100%

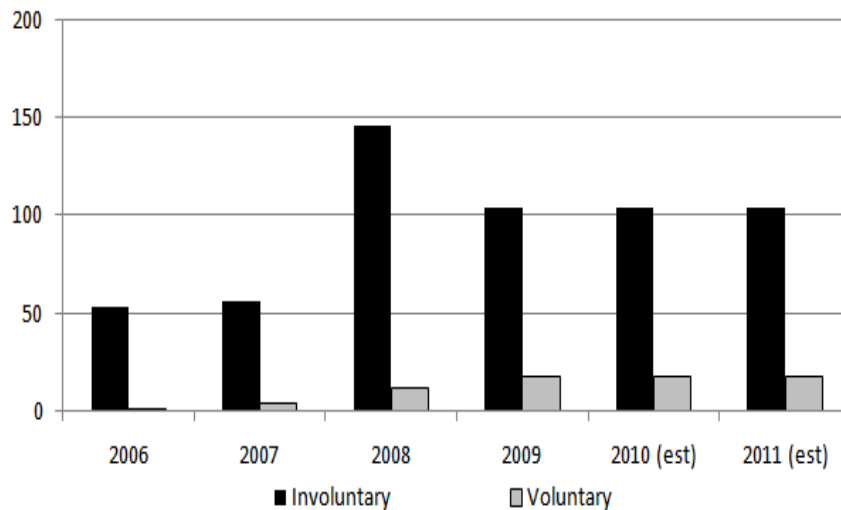
Geropsychiatric Services

The geropsychiatric program located at the Clarinda Mental Health Institute is the only State program serving this population group. All of the individuals served in this 35-bed unit have a serious cognitive loss or dementia and approximately 94% exhibit significant behavior problems. Iowa's nursing homes are unable to meet these individuals' needs and they are not appropriate for acute inpatient care. Admissions vary, but average about 14 per year, with approximately 61.5% of the patients being involuntarily admitted in SFY 2009.

Psychiatric Medical Institute for Children (PMIC) Services

Entry to this sub-acute program is limited to children/adolescents referred by Cherokee and Independence MHIs and by the Iowa Juvenile Home at Toledo. Approximately 85.2% of the children/adolescents were involuntarily admitted in SFY 2009. There are 502 community-based licensed PMIC beds throughout the State. The 30 Independence PMIC beds represent 6% of the available PMIC beds in the State.

PMIC Admissions
SFY 2006 – SFY 2011(estimated) *



***Note:**

The increase in PMIC admissions from SFY 2007 to SFY 2008 is a result of a change in the way the Department counts admissions. Specifically, the Independence MHI's PMIC program often transfers patients requiring acute psychiatric treatment from their PMIC unit to the child or adolescent program. Beginning in SFY 2008, the Department now calculates these transfers out of PMIC as discharges from the PMIC program. There is a corresponding increase in the number of admissions as the Department now calculates these transfers into the child or adolescent programs as admissions.

In SFY 2009, children served by the PMIC program were discharged to the following settings:

Other State Institution *	182	56.9 %
Live with relative / family	94	29.4 %
Child care facility / other	28	8.6 %
Group home / Foster home	16	5.1 %
Total	320	100%

* Of the discharges to other State institutions, 98.5% of individuals were discharged to the child or adolescent programs at Independence.

How:

Service Delivery

The MHIs have a total of 697.61 staff (FTEs) in SFY 2010 with salaries of approximately \$48.7 million.

Service Support

Each facility receives the following types of technical assistance and guidance from staff in General Administration regarding:

- Corporate Oversight
 - Approval and oversight of service delivery and other operational goals
- Program Support
 - Operational policy and procedures to assure Code mandates, best practices and client rights are addressed
 - Development, review and interpretation of Iowa Administrative Code rules
- Technical assistance and support
 - Operational and client issues
 - Meeting accreditation or licensure standards and corrective action plans
 - Media and public relations and response to constituent concerns
 - Development and implementation of contracts
- Financial Accountability
 - Development and implementation of annual operating budgets, monthly financial statements and projections, accounting systems and audit coordination
 - Completion and submission of federal financial reports to the federal government
- Infrastructure
 - Approval and oversight of capital, major maintenance, and Parks and Institutional Road projects
 - Approval and processing emergency fund repairs under Iowa Code 29C.20
- Legal Services
 - Interpretation of Court orders, Interstate Compact, legal mandates regarding specific situations
 - Legal services and representation
- Information Technology
 - Coordination and oversight of the development of and use of technology to meet campus and client needs
- Communication
 - Monitoring and analysis of impact of proposed legislation

- Preparation of responses to information requests from Executive Branch, Legislative Branch and other interested parties

Human Services Reinvestment Fund

The Human Services Reinvestment Fund resulted from State savings due to the American Recovery and Reinvestment Act, the fund provided:

- Cherokee MHI: \$673,209 allowed Cherokee to maintain services and provide support to its clients during SFY 2010. Human Services Reinvestment Funds allowed Cherokee to maintain 9.50 FTEs.
- Clarinda MHI: \$804,256 allowed Clarinda to maintain services and provide support to its clients during SFY 2010. Human Services Reinvestment Funds allowed Clarinda to maintain 8.75 FTEs.
- Independence MHI: \$1,177,799 allowed Independence to maintain services and provide support to its clients during SFY 2010. Human Services Reinvestment Funds allowed Independence to maintain 18.05 FTEs.
- Mt. Pleasant MHI: \$222,694 allowed Mt. Pleasant to maintain services and provide support to its clients during SFY 2010. Human Services Reinvestment Funds allowed Mt. Pleasant to maintain 2.75 FTEs.

Offer Description:

Today's Activities and Results:

This offer provides an estimated 2,200 persons access to high-quality inpatient mental health and/or substance abuse treatment services in the State of Iowa. Human Services Reinvestment Fund money sustained services and their delivery during SFY 2010. Iowa's four MHIs provide critical access to quality mental health care for low-income children and adults. The MHIs serve both voluntarily and involuntarily admitted persons; a majority of the patients have been committed through the court system.

Both Cherokee and Independence MHIs are currently accredited by The Joint Commission (formerly known as the Joint Commission on Accreditation of Healthcare Organizations).

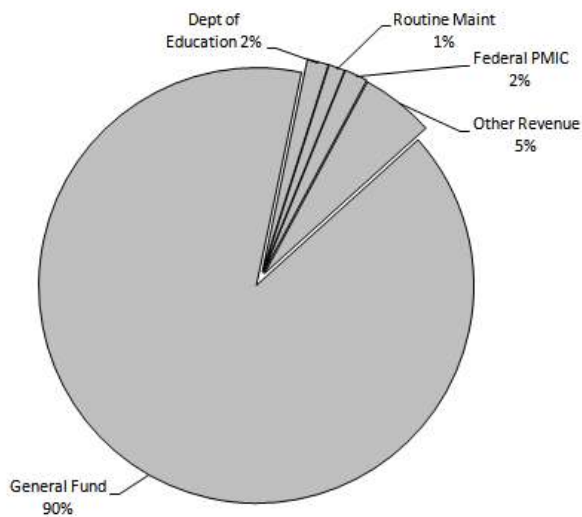
The MHIs provide a variety of behavioral care programs:

- Acute psychiatric care: All four facilities offer this service for voluntarily and involuntarily admitted adult patients. There are 120 adult acute psychiatric beds. The Cherokee and Independence Mental Health Institutes also offer acute psychiatric services to children and adolescents through 37 inpatient beds.
- Acute services for people with a dual diagnosis of substance abuse and mental illness: The Mount Pleasant Mental Health Institute offers this service in a unit with 15 dual diagnosis beds.
- Substance abuse treatment services in a 50-bed unit in the Iowa Residential Treatment Center (IRTC) at the Mount Pleasant Mental Health Institute. This program is a 30-day treatment model and has approximately 20% of the total number of residential substance abuse treatment beds in Iowa.
- Geropsychiatric services for elderly people with a serious mental illness in a 35-bed long-term care unit at the Clarinda Mental Health Institute.
- Sub-acute care in a Psychiatric Medical Institution for Children (PMIC) level of care in a 30-bed unit located at the Independence Mental Health Institute.

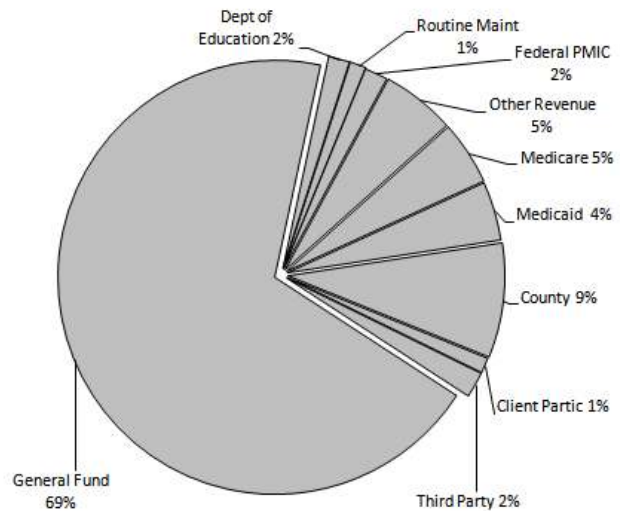
The Mental Health Institutes receive an upfront appropriation from the General Fund for their operations. The General Fund is reimbursed a portion of this amount from other revenue sources. The MHIs bill all relevant revenue sources such as Medicaid, Medicare, private insurance, counties, etc. Iowa Code specifies that counties pay 80% for adult programs or 25% of a capped per diem for the substance abuse program, or 50% of actual per diems for dual diagnosis programs. County billings are reduced by other third party payments as applicable. All payments received except the state portion of Medicaid program payments are deposited into the General Fund, with two exceptions as follows:

- The PMIC program at Independence operates under net budgeting where the state appropriation is adjusted as revenues attributable to the program are retained to cover expenses. The PMIC program returns the capped per diem state share of Medicaid (28.66%) to the Medicaid appropriation and retains the Federal share (71.34%) per Iowa Code §226.9B.
- The dual diagnosis program at Mount Pleasant operates under net budgeting where the program relies on the state appropriation and retained revenues attributable to the program per Iowa Code §226.9C(1).

SFY 2010 Projected Sources of Up-Front Revenue



SFY 2010 Projected Sources of Year-End Revenue



Offer Justification:

Legal Requirements:

The Mental Health Institute facilities are required by Chapter 226 of the Code of Iowa to provide one or more of the following services: treatment, training, care, habilitation, and support of people with mental illness or a substance abuse problem. In addition, the MHIs are required by Chapter 812 of the Code of Iowa to provide evaluation and treatment for people who have committed a crime and have been committed to DHS to determine competency to stand trial, if they do not qualify for pre-trial release or are unable to seek evaluation and treatment on their own.

Rationale:

All MHIs offer consultation services to community-based mental health providers to facilitate less restrictive community-based placement of patients. To further reduce the number of beds would deny critical appropriate care and significantly limit Iowans' access to acute psychiatric, residential substance abuse, and other behavioral treatment services.

Results:

Result:	SFY 2009 Actual Level	SFY 2010 Projected Level	SFY 2011 Offer Level
% of clients showing improvement in ability to function as evidenced by an increase in the Global Assessment of Functioning (GAF) score	97.8 %	97.9%	98.0 %
% of adult clients who remain in the community for at least 30 days following MHI discharge	96.0 %	96.1 %	96.2 %
% of substance abuse clients who successfully complete / receive maximum benefits from the program	87.3 %	87.4 %	87.5%

Sustaining service delivery assumes the level of funding requested in the offer as well as full funding of salary adjustment. If salary adjustment is not received for SFY 2011, this would be the equivalent of the loss of an estimated 0.10 General Admin and 28.04 Facility FTEs. If funding is insufficient in either area, results to be achieved will be modified to reflect the impact.